

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		5		5		
7		5		5		
8		7		6		
9	1		1			
10		1		1		
11		1		1		
12		1		1		
13		1		1		
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48						
49						
50						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.		23		23		
TOTAL CLAIMS		24		24		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY